

**\*DISCLAIMER: This is only a guide/helpful tool. Be sure to carefully examine the regulatory requirements for your type of facility to ensure your notice meets applicable requirements.\***

Resident Name:

Date:

Address:

Resident Representative:

Address:

**[Discharge/Transfer] Notice**

Dear :

This letter is to notify you that we intend to [discharge/transfer] you from this home/your room on [date]. The specific reasons for your [discharge/transfer] are:

[Indicate specific reason in detail]

\*[Indicate the location to which the resident is being transferred or discharged]

**You have the right to appeal the decision of discharge/transfer. You have the right to remain in the home/your room until there is a final decision on your appeal. To appeal, you must complete the following steps:**

- 1. You or your legal representative must inform the Administrator or the State Survey Agency Director, Suzanne Leavitt that you wish to appeal this discharge/transfer notice. You can make this request verbally or in writing to:**

**Suzanne Leavitt, State Survey Agency Director  
Division of Licensing & Protection  
HC 2 South 280 State Drive  
Waterbury, VT 05671-2060  
Telephone: (802) 241-0480**

- 2. You must request the appeal within 10 business days from the date you received this notice.**
- 3. At the time you request the appeal, you or your legal representative must provide material or information to the State Survey Agency Director explaining why you disagree with the proposed discharge/transfer.**

- 4. The State Survey Agency Director or a designee will make a decision within eight business days of your request to appeal this discharge/transfer.**
- 5. If you do not understand this letter or if you need help requesting an appeal, you can contact the Long Term Care Ombudsman \*[provide name, address and telephone number for the State Long Term Care Ombudsman for all discharge notices], or Disability Rights Vermont \*[provide the mailing address and telephone number if applicable to this resident under section 3.14(e)(7)&(8))]. Please let me/facility administrator know if you need assistance contacting one of these agencies.**

If you do not wish to appeal this notice, you do not need to take any further action. I/Administrator will inform you of the next steps to proceed with the discharge/transfer.

You do not have to leave the home/your room until the date specified in the first paragraph of this letter.

Please let me/Administrator know if you have any questions.

Sincerely,

Administrator

Cc: (all applicable parties)